



LIABILITY WAIVER FORM
EXCLUSION OF CERTAIN RIGHTS TO SUE

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement.

Name and address of Provider: Australian Quarter Horse Association
131 Gunnedah Road TAMWORTH NSW 2340

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent.

Description of Recreational Services: HORSE RIDING & COMPETITION OF THE AUSTRALIAN QUARTER HORSE

Steps taken by the Australian Quarter Horse Association to avoid the danger of personal injury or death

- 1. Providing assistance to Affiliates to support those Affiliates in the safe conduct of their activities.
2. Implementation of a risk management approach to events sanctioned by the Association
3. Publication of resources to support the risk management approach of the Association and its Affiliates
4. Implementation of the rules and regulations as agreed by the Board of Directors of the Association

The Participant acknowledges that during all times while he or she is attending the recreational activity, he or she does so at his or her own risk, and that the Participant, and other people in the care and control of the Participant, will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise.

Declaration and signature

By signing this agreement we understand that the Recreational Services, as set out in this form, may cause us and/or our dependants personal injury or death. By signing this agreement we understand that we and our dependants waive our rights to sue the Provider for losses relating to our and or our dependants personal injury or death that result from any negligence caused by the Provider.

All persons in this membership must be listed in this section all must sign this declaration.

Table with 3 columns: Name, Signature, Date. Multiple rows of dotted lines for input.

* NB Please ensure that this Declaration is completed & signed or this Membership cannot be renewed